

## DEFIBRILLATION OUTCOME REPORT

FOR CALENDAR YEAR \_\_\_\_\_

**Name of Local EMS Agency:** \_\_\_\_\_

**Program Contact Person:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

1. The number of patients on whom EMT-I defibrillatory shocks were administered: \_\_\_\_\_
2. Number of these persons who suffered a witnessed (seen or heard) cardiac arrest whose initial monitored rhythm was ventricular tachycardia or ventricular fibrillation: \_\_\_\_\_
3. The total number of patients, defibrillated, who were discharged from the hospital alive: \_\_\_\_\_
4. The number of defibrillated patients witnessed in cardiac arrest, who were discharged from the hospital alive: \_\_\_\_\_
5. The number of basic life support personnel who are qualified, in your jurisdiction, to perform defibrillation: \_\_\_\_\_
6. The number of public safety personnel, (as defined in CCR Chapter 1.5) in your jurisdiction, qualified to perform defibrillation: \_\_\_\_\_
7. The number of non-licensed or non-certified (lay public) persons, in your jurisdiction, trained to perform defibrillation (if available): \_\_\_\_\_